

2006-2007 Cats Medical Emergency Testing Accommodation(s)

District Name: _____

School Name: _____

Student Name: _____

SSID: _____

Grade: _____

Date of Injury: _____

Nature of Injury: _____

Testing Modification Provided: _____

Name of School Personnel Making Accommodation Decision(s): _____

School Personnel's Signature

Principal's Signature

DAC Signature

**FORM MUST BE SUBMITTED
TO KDE BY THE DISTRICT
ASSESSMENT COORDINATOR**

Return Form via US Mail, Fax or E-Mail to:

**Kentucky Department of Education
Teri Eads, Administrative Specialist
500 Mero Street, 18th Floor
Frankfort, Kentucky 40601
Fax: (502) 564-3249 (secure fax line)
Teri.Eads@education.ky.gov**